

Prob 12B
(7/93)

UNITED STATES DISTRICT COURT

for

District of Nebraska

**Request for Modifying the Conditions or Term of Supervision
with Consent of the Offender**

(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Cathryn Chadwell Docket Number: 8:03CR348

Sentencing Judge: The Honorable Joseph F. Bataillon
Chief U.S. District Judge
111 South 18th Plaza, Suite 3259
Omaha, NE 68102-1322

Date of Original Sentence: November 6, 2003

Original Offense: Unauthorized Use of Access Device [18 U.S.C. 1029(a)(2)]

Original Sentence: 4 years Probation

Type of Supervision: Probation

Date Supervision Commenced: November 6, 2003

PETITIONING THE COURT

☐ To extend the term of supervision for _____, for a total term of _____.

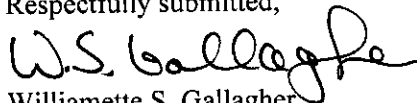
☒ To modify the conditions of supervision as follows:

Waive the interest on restitution.

CAUSE

Ms. Chadwell has incurred high medical bills in the last year due to serious health issues. As such, she is unable to pay the interest that has accumulated on her restitution balance.


Respectfully submitted,



Williamette S. Gallagher
Senior U.S. Probation Officer
Date: February 22, 2006

THE COURT ORDERS

- ☐ No Action
- ☐ The Extension of Supervision as Noted Above
- ☒ The Modification of Conditions as Noted Above
- ☐ Other


Chief U.S. District Judge

2/23/06
Date

Prob 49
(Rev. 12/00)

United States District Court

District of Nebraska

**Waiver of Hearing to Modify Conditions
of Supervision**

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Supervision. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following additional conditions:

I have experienced major health problems in the last year and accumulated high medical bills. I am requesting the interest on my restitution balance be waived.

Witness: Sharon H. Strick
U.S. Probation Officer

Signed: Cathryn A. Maxwell
Offender

2-10-06
Date